PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/773093

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
-	 		(Column 1)		(Coh	(Columo 2)		TYPE		OR	SMALL	ENTITY
	FOTAL CLAIM	20		<u> </u>		<u> </u>	RATE	FEE		RATE	FEE	
<u>I</u> f	OR .	NUMBER	RFILED	NUM	ER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
Ľ	OTAL CHARGE	ABLE CLAIMS	20 minus 20= *					X\$ 9=	1	OR	·X\$18=	
II—	IDEPENDENT C		2 · minus 3 =					X43=		OR	X86=	
L	MULTIPLE DEPENDENT CLAIM PRESENT									OR	+290=	
1	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	385	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMARNING AFTER AMENDMENT	hin	HIGHE NUMB PREVIO PAID	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
	Total	: X	Minus	7/		<i>(/</i>		X\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			X43=		OR	X86=	
							' ·[+145=		OR	+290=	
							A	TOTAL DOIT, FEE		OR.	TOTAL BBP TIODA	
_	· · · · · · · · · · · · · · · · · · ·	(Column 1)	•	(Colum		(Column 3)		•		_		
AMENDMENT B	3215	CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADOI- TIONAL FEE
	Total .	. 20	Minus	" Q	C			X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus #TIQLE DEG	ENDENT	CLAIM			X43=		OR	X86≖	
Y	19) 20	'	+145=		OR	+290=						
								TOTAL DOIT. FEE		OR ,	TOTAL NDOIT, FEE	
	-	(Calumn 1)		(Columi	n 2)	(Column 3)			•			1
ENDMENT C.		. CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NVMBE PREVIOU PAID FO	ST R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL IFEE		RATE	ADDI- TIONAL FEE
NON	Total .	,	Minus	**		a		X\$ 95		OF	X\$19=	
AME	Independent	4	Minus			<u>.</u>	-	X43#			XUG=	
٩	FIRST PRESE	M TO HOITATH	ILTIPLE DEP	EMDEM. C	LAIM					OF .		
	* If the entry in column it is tess than the entry in column 2, write "1" in column 3									OR	+390=	·
-• it	Bie enkry in calun The Highest than Tha Highest than	V(H	TOTAL DIT, FOR		OR A	TOTAL THE FEE						
	_	ner Provincely Paid					ts m q et	or the agree	opilara bak	ns Çêşkur	uga t	.
· 17.5	in Sept					 -	***	4-11-15-F				. sprivaria

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